

Supplemental Application Data Sheet

Application Information

Application number:: 10/572,667
Filing Date:: 01/13/09
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 1628
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: TREATMENT OF SEVERE DISTAL COLITIS
Attorney Docket Number:: C0875.70019US02
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 8
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Paul
Family Name:: Rufo
City of Residence:: West Roxbury
Country of Residence:: US
Street of mailing address:: 35 Maxfield Street
City of mailing address:: West Roxbury

State or Province of Residence:: MA
Postal or Zip Code of mailing address:: 02132

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Wayne
Middle Name:: I.
Family Name:: Lencer
City of Residence:: Jamaica Plain
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 60 Louders Lane
City of mailing address:: Jamaica Plain
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02130

Correspondence Information

Correspondence Customer Number:: 23628

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/030813	09/20/04
PCT/US/2004/030813	An application claiming the benefit under 35 USC 119(e)	60/504,516	09/18/03

Foreign Priority Information

Assignee Information

Assignee name:: Children's Medical Center Corporation
Street of mailing address:: 300 Longwood Avenue
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02115